

Name  
in  
Full

Wm A Anderson

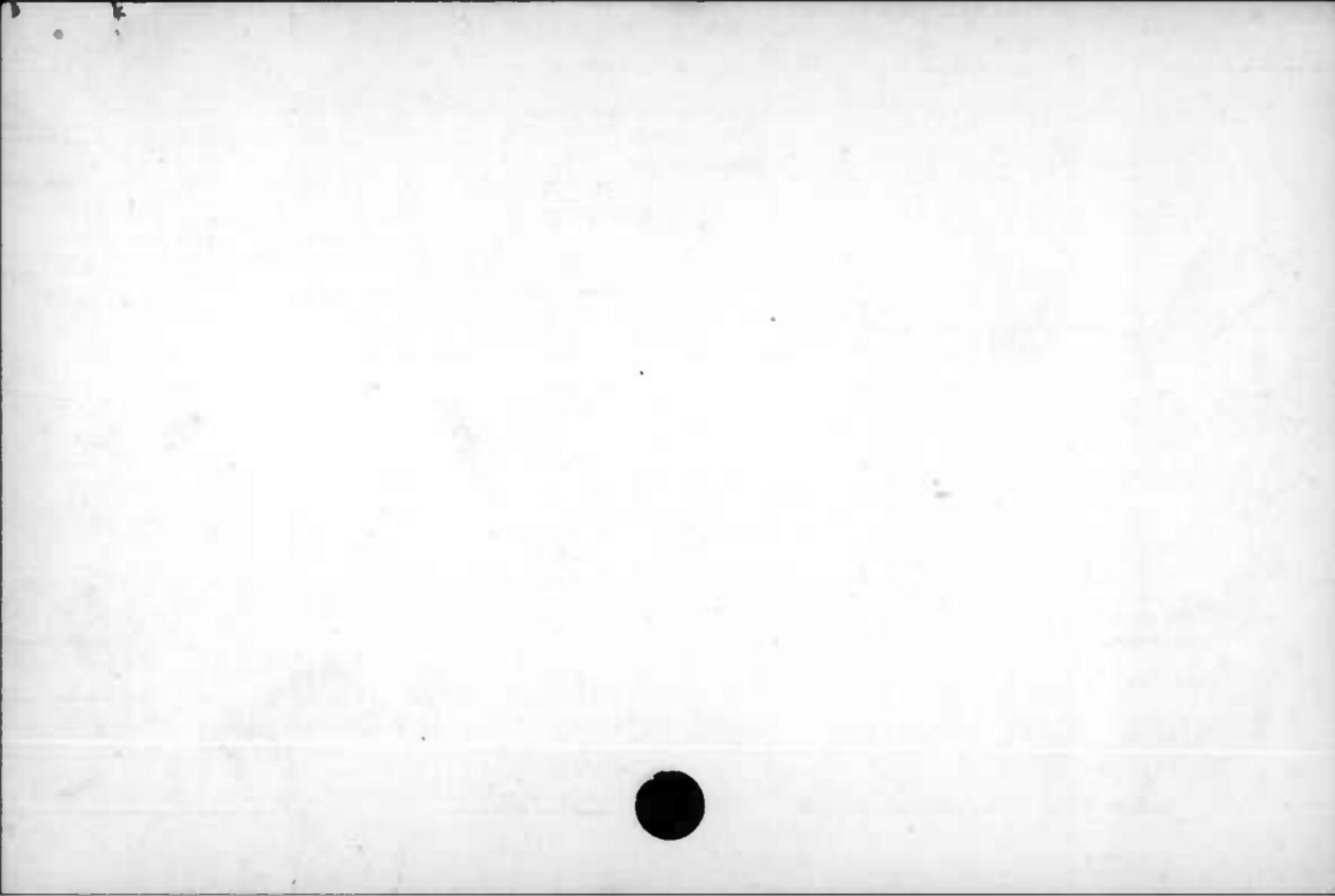
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month 8	Day 13	Age	Years	Months 9	Days 10
Sex	Male	Color or Race	White		Birth-place	Joppen Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	unknown			Father's Birthplace	unknown		
Mother's Maiden Name	Beata Anderson			Mother's Birthplace	Md		
Name of person giving information	Mrs Anderson			How related to deceased	Gran Mother		
CAUSES OF DEATH							
Primary	Cholera Infantum			How long	about 2 weeks		
Immediate	Inflammation			How long	about 2 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Mayer M.D.		
				Address	Joppen Md		
Accident or Suicide?				No			

105



Name  
in  
Full

Levius Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, <u>Single</u> or Widowed	Name of Wife or Husband	Levi Barber		
Father's Name	Farmer			
Mother's Maiden Name	Erie Steward			
Name of person giving Information	John Barber			
Sho <del>b</del> by homologues	Cousin			
CAUSES OF DEATH				
Primary	Result of bullet wound, 176			
Immediate	of brain			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	W.B. Aphne R.Warren, Pennsylvania & Delta, Penna		
	Address			
Accident or Suicide?	Homicide			

PHYSICIAN  
OR CORONER

Int. Rebs

Aug 28<sup>th</sup> 08

Name  
in  
Full

Ida E. Barnard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Harde Grace
Father's Name	Mother's Birthplace			Philadelphia
Mother's Maiden Name	How related to deceased			Father
Name of person giving information				

single      none  
Joseph Barnard      none  
Phoebe Wilson      Philadelphia  
Joseph Barnard      Father

CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

How long

3 weeks

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

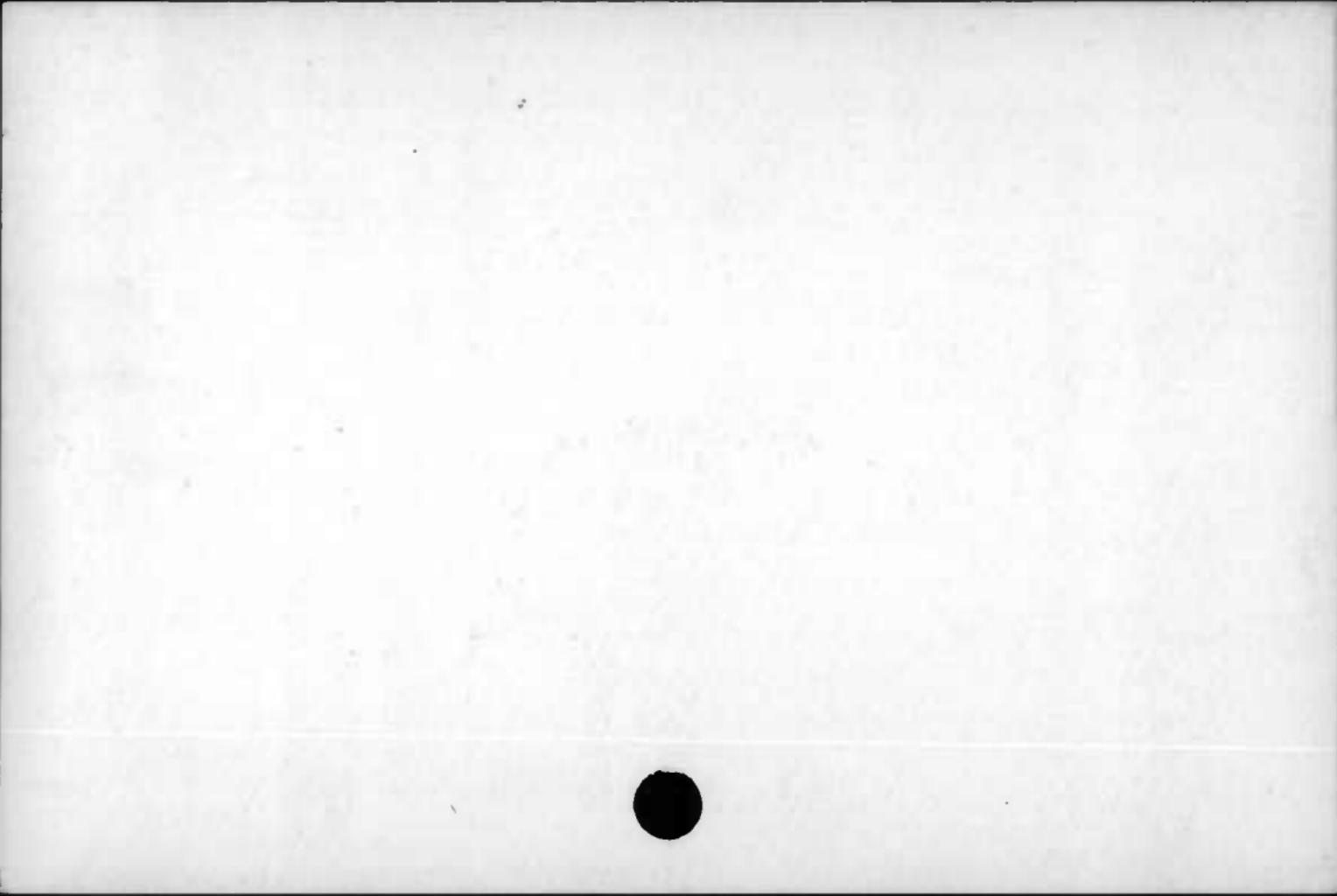
Signature of Physician

R H Smith

Address

Harde Grace

Accident or Suicide?



Name  
in  
Full

Robert Clinton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Sewell	Town	Clinton	County	MARYLAND						
Date of death	1908	Month	Aug	Day	18	Year	-	Months	-	Days	5
Sex	Male	Color or Race	White	Birth-place	Maryland						
Occupation				Where Residing if not at place of death	Sewell						
Married, Single or Widowed	—	Name of Wife or Husband	None			Father's Birthplace	Maryland				
Father's Name	Robert Clinton			Mother's Birthplace	Maryland						
Mother's Maiden Name	Susan Schmitz			How related to deceased	Father						
Name of person giving information	Robert Clinton			71	How long	12 hours					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Convulsions

Immediate

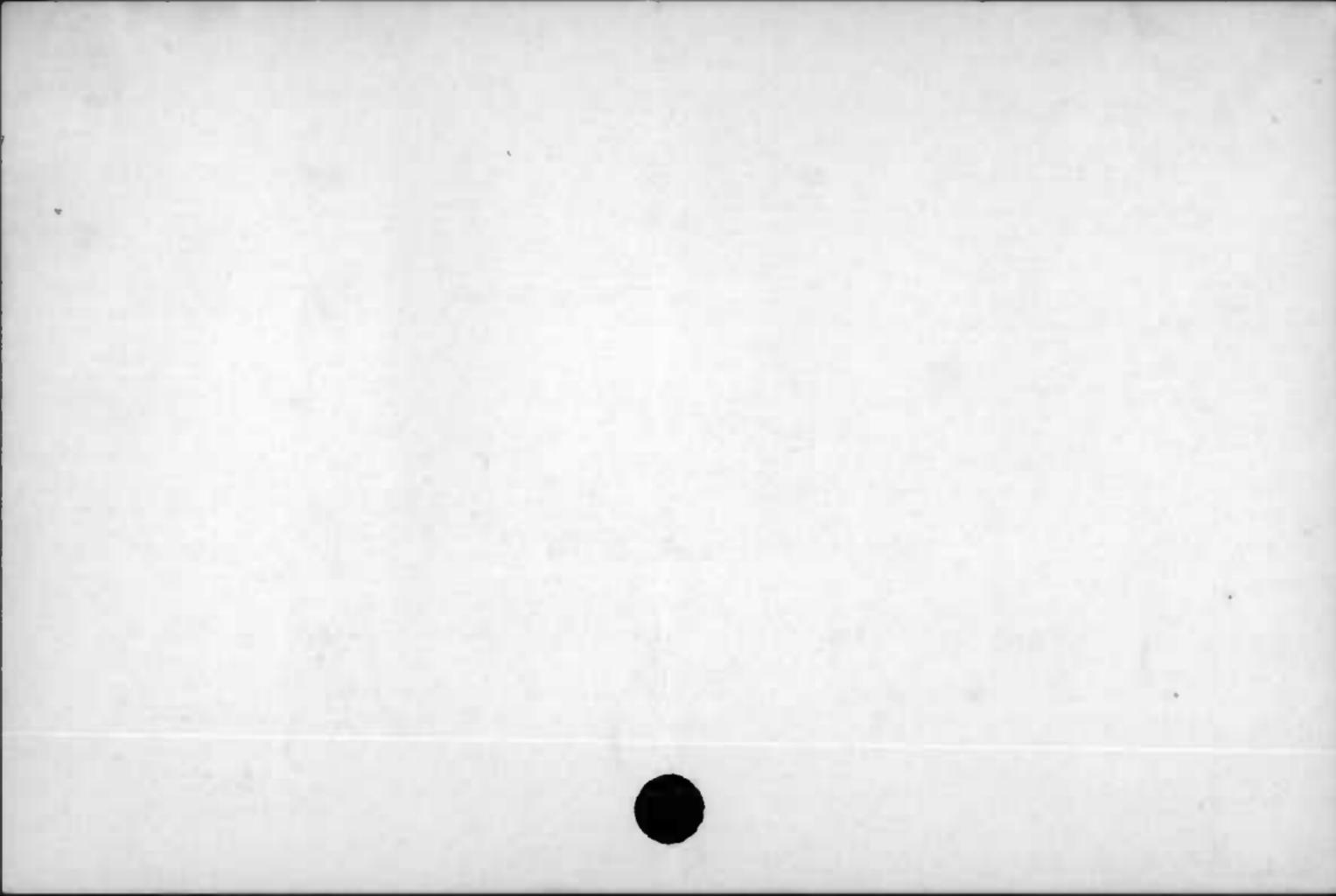
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Chas Roth  
Edgewood  
Md



Name  
in  
Full

Everett Guyson Cromwell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Mother's Maiden Name	Edith Cromwell		Edith Cromwell	Mother's Birthplace	
Name of person giving information	How related to deceased				
Benjamin Lawrence	Wife				

Jessie Cromwell

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary  
Infantile Diarrhoea

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

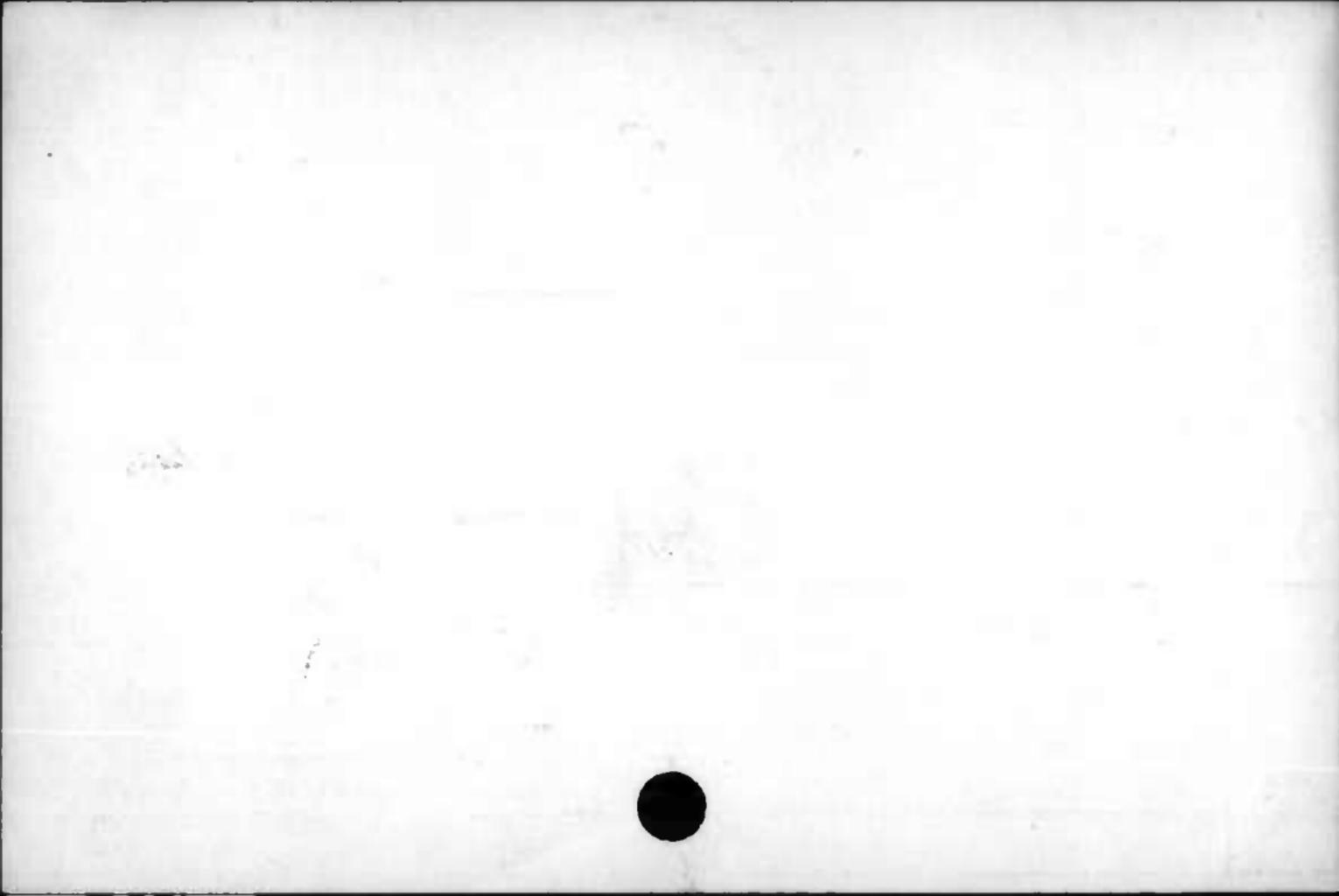
Yes

Signature of Physician

Address

Dr. W. Davis M.D.  
Pleasantville  
Md.

Accident or Suicide?



Name  
in  
Full

Mildred M. Fadely

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Town	County		
Died at Havre de Grace	Harford		
Date of death 1908	Month Aug	Day 6	Years —
Age —	Months 5	Days —	
Sex Female	Color or Race White	Birth-place Havre de Grace	
Occupation —	Where Residing if not at place of death Same		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name Henry Fadely	Father's Birthplace Havre de Grace		
Mother's Maiden Name May Mahan	Mother's Birthplace Harford C		
Name of person giving Information May M. Fadely	How related to deceased Mother		

CAUSES OF DEATH

105

Primary

Near nutrition

How long

3 or 4 mo

Immediate

Cholera infantum

How long

One week

Are the name, age, sex, color, date and place correctly given above?

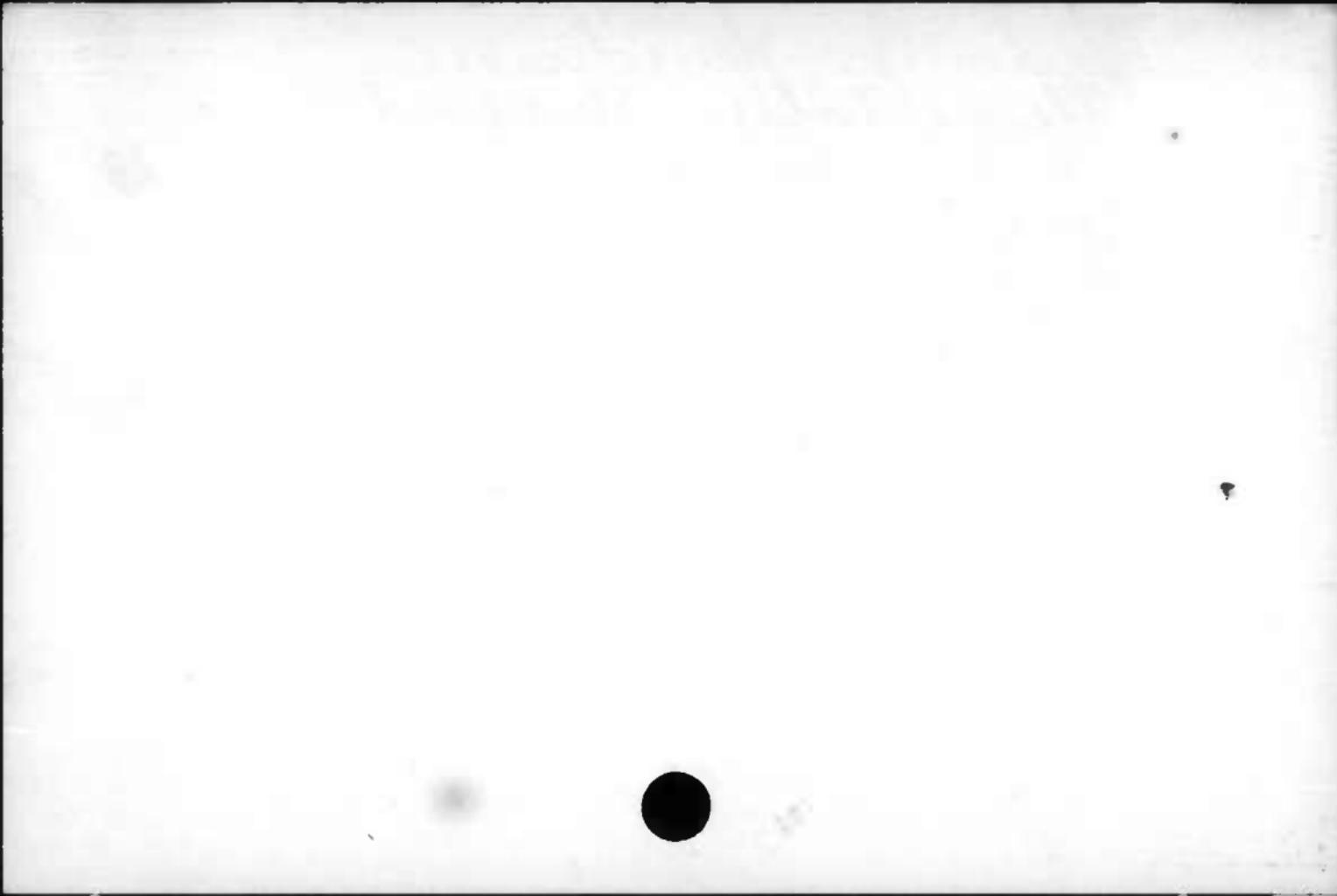
Signature of Physician

Address

J. L. Hopkins  
Havre de Grace

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
In  
Full

Oleida V. Henderson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Town County  
Pleasantville Warford

Date Month Day Years Months Days  
of death 1908 Aug 20 Age 23 5 13

Sex Female Color or Race White  
Occupation Housekeeping Birthplace Md.  
Where Residing if not at place of death  
Married, Single or Widowed Husband Md.

Husband

Father's Name

Luther G. Henderson

Father's Birthplace

Md.

Mother's Maiden Name

Virginia E. Denbow

Mother's Birthplace

Md.

Name of person giving Information

L. G. Henderson

How related to deceased

Father

CAUSES OF DEATH

27

How long

How long

Primary

Pulmonary Tuberculosis One Year

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

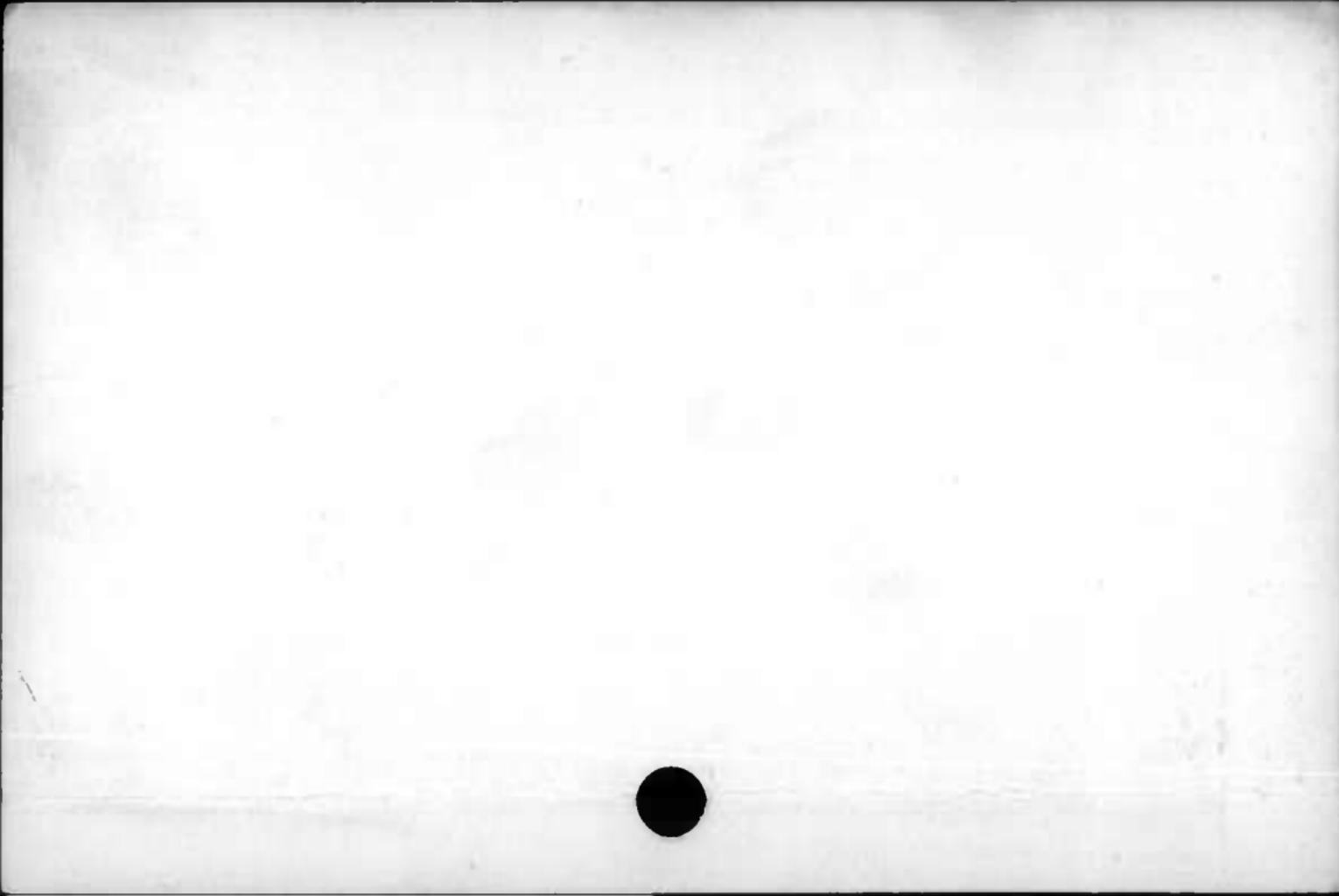
Signature of Physician

Address

Geo W Davis M.D.  
Pleasantville

Accident or Suicide?

Ind



Name  
in  
Full

R. Wesley Herbert.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Rachel Whiteford Herbert		
Father's Name	William Herbert			
Mother's Maiden Name	Jane Herbert			
Name of person giving information	wife	Father's Birthplace	Pa. Pa	
		Mother's Birthplace	Pa. Pa	
		How related to deceased		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Valvular Cardiac trouble. many years.

How long

Immediate

Heart-failure

How long

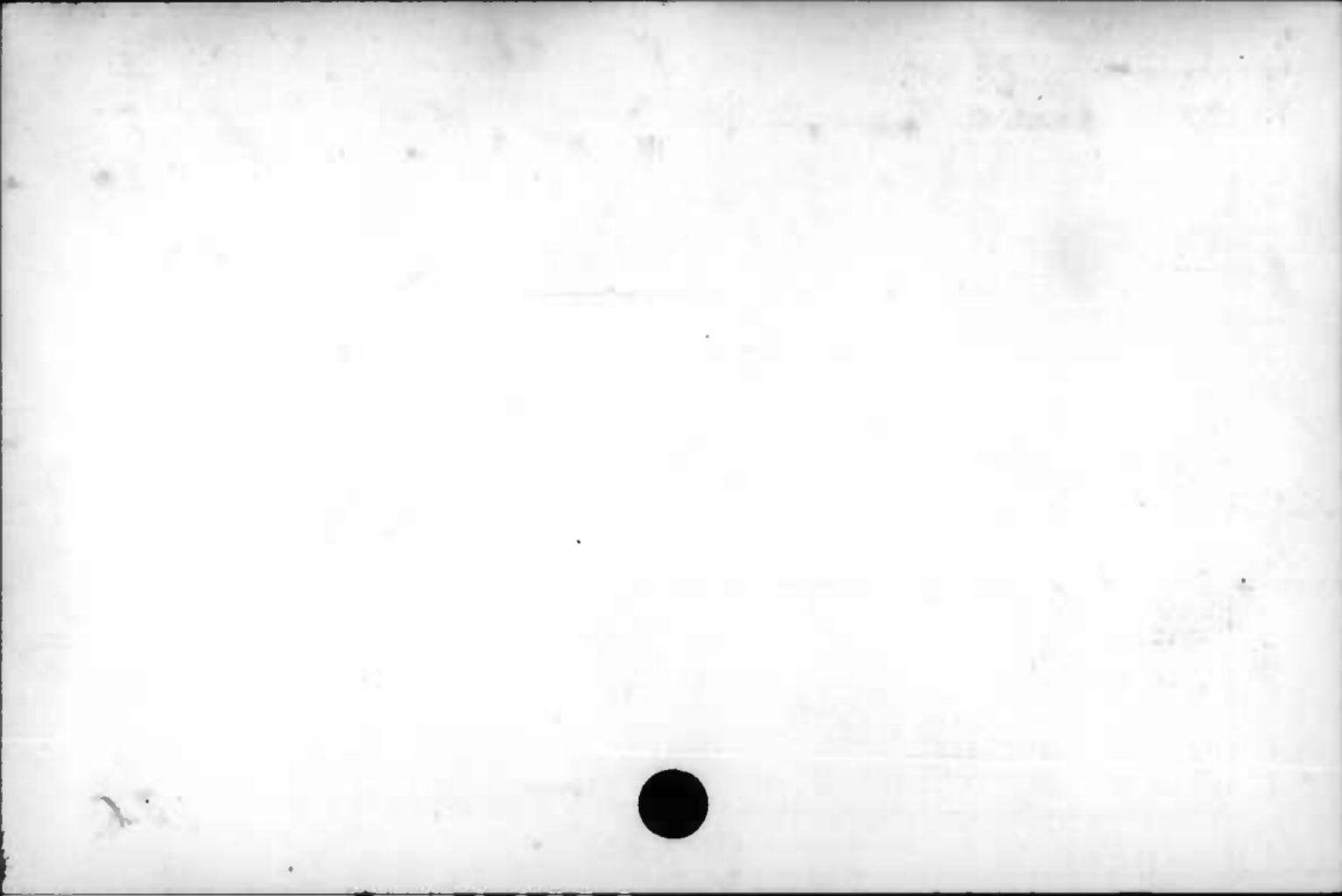
Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature  
Physician  
Address

D.H. Austin Delcher  
Cardiff.  
Maryland.

Accident or Suicide?



Name  
in  
Full

Mr. Ray Heltz Hagedorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Aug	29	—	6 weeks	,	
Sex	Male	Color or Race	White	Birth-place	Joppa Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Mr W Hagedorn			Father's Birthplace	Baltimore	
Mother's Maiden Name	Elara J. Kirschner			Mother's Birthplace	Brooklyn, N.Y.	
Name of person giving information	Father Mr W Hagedorn			How related to deceased	Father	

CAUSES OF DEATH

105

Primary

Enter - Colitis (Chronic Inflammation)

How long

1 week

Immediate

Inflammation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

No

Accident or Suicide?

Not Meyer 105  
Joppa Md

A. S. Marshall  
3539 Falls Road

Dorval Ridley & Cuckney  
Aug 31<sup>st</sup>/08

Name  
in  
Full

Rebecca W. Holland

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	94	6	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	not known				
Mother's Maiden Name	not known				
Name of person giving information	A. Lee Cannon				

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Immediate

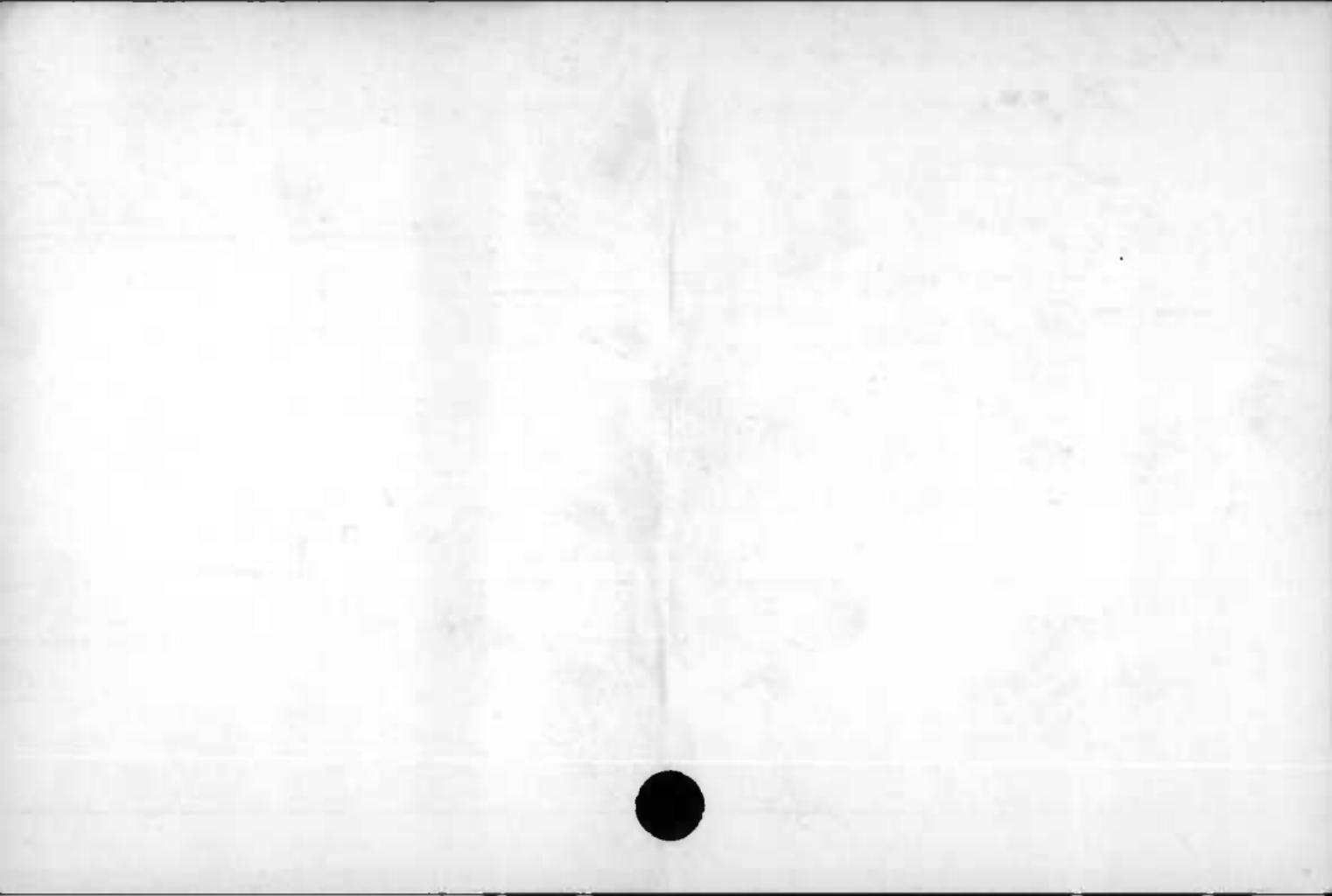
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. Lee Hughes  
Bel Air, R.F.D.  
Md.

Accident or Suicide?



Name  
in  
Full

Rebecca Horton.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

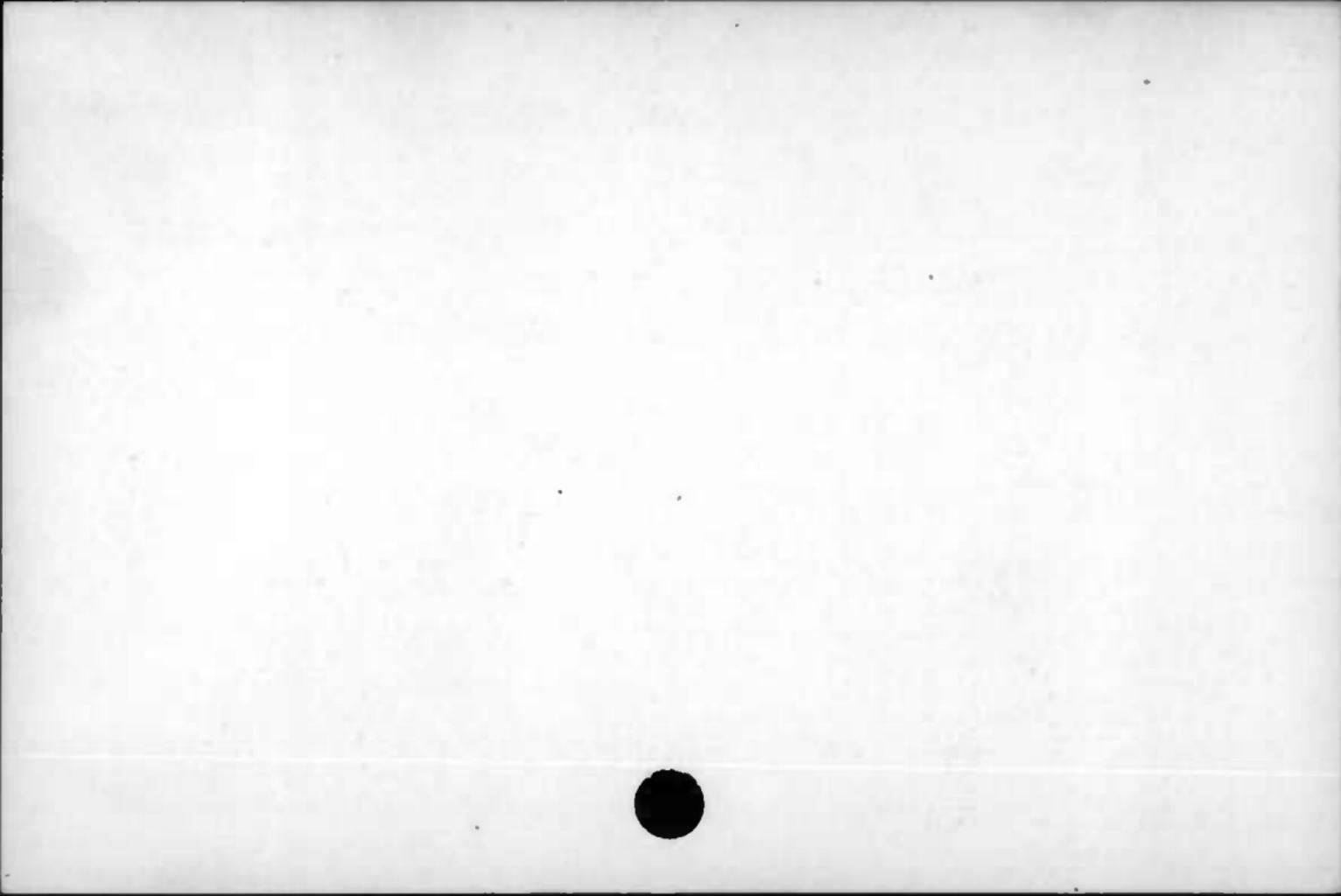
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Joseph Horton			
Father's Name	William Haybury				
Mother's Maiden Name	Sarah Gilbert				
Name of person giving information	Mrs. William Morgan				

CAUSES OF DEATH

79

Primary	Heart Disease		How long
Immediate	Cerebral Embolism		24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. H. Smith
		Address	Haven de Grace
Accident or Suicide?		Med	

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Henry Johnson,  
Darlington Starford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place	Darlington, Md.	
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name					
Mother's Maiden Name	Not Known			Mother's Birthplace	
Name of person giving Information	Miss Bella Johnson			How related to deceased	
Della Johnson					

CAUSES OF DEATH

105-

PHYSICIAN  
OR CORONER

Primary

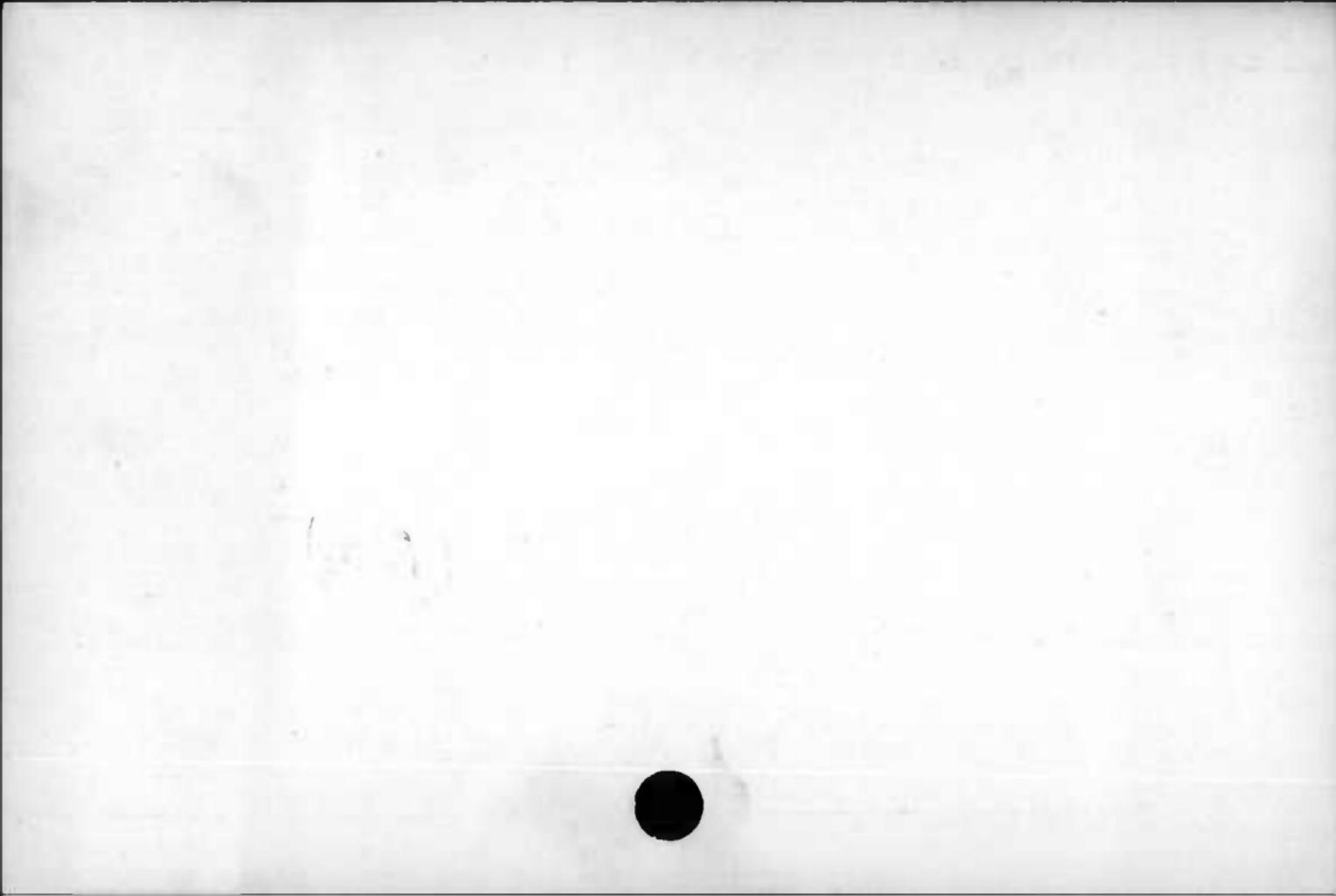
How long

Immediate

How long

6 hidera Trifolium 3 days,  
Are the name, age, sex, color, date and place correctly given above? Signature of Physician  
J. H. S. Fries,  
Address Darlington, Md.

Accident or Suicide?



Name  
in  
Full

Frank Kowalski

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at	Brynum	Month	County
Date of death	190	Month	Year
Age	2	Days	2
Sex	Male	Color or Race	White
Occupation	None	Where Residing if not at place of death	2716 Hudson St., Balt. Md.
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	Edward Kowalski	Father's Birthplace	Austria
Mother's Maiden Name	Nellie Macek	Mother's Birthplace	"
Name of person giving Information	Nellie Kowalski	How related to deceased	Mother

CAUSES OF DEATH

106

How long

How long

Six weeks

PHYSICIAN  
OR CORONER

Primary

Diarrhoea

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

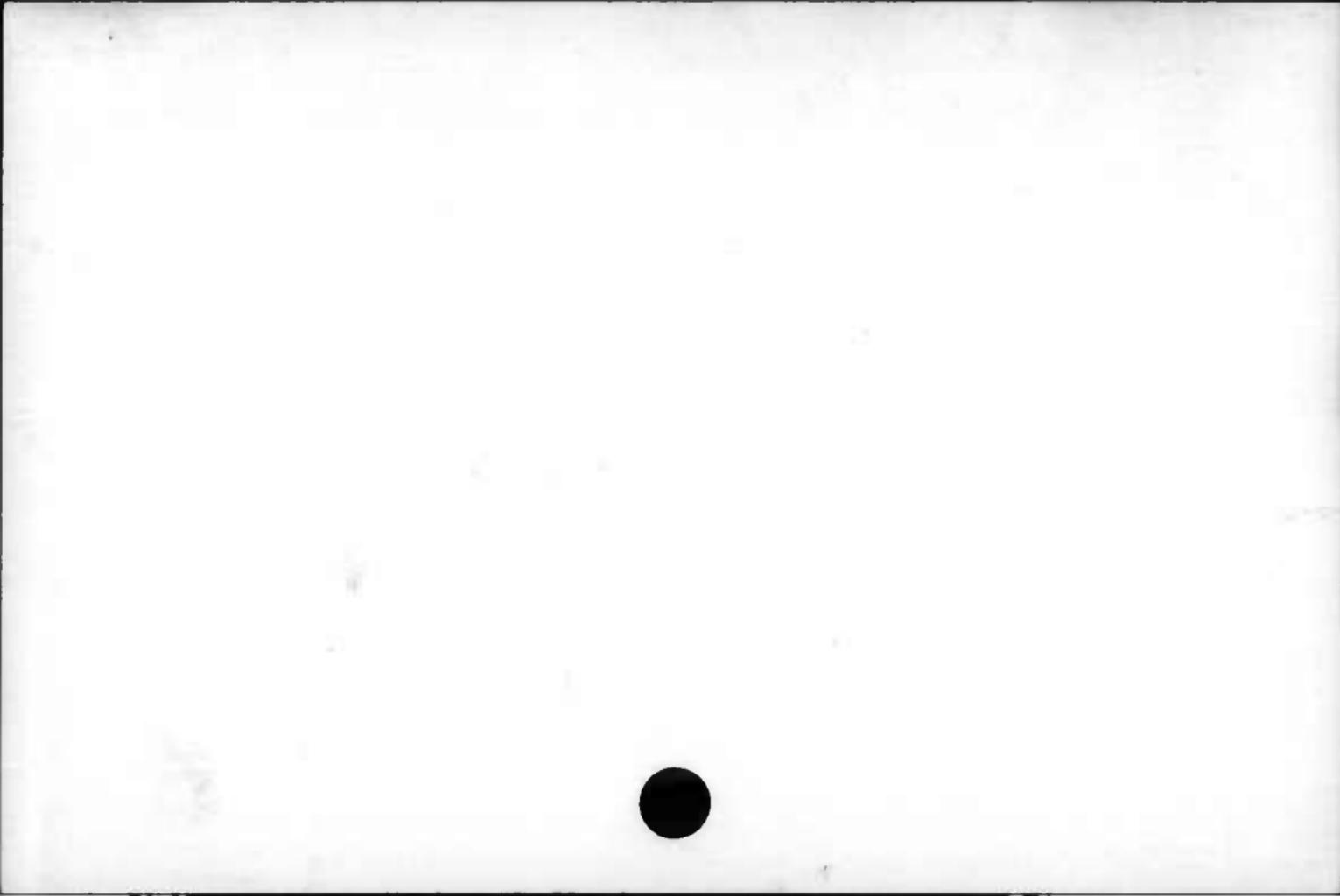
Signature of  
Physician

Address

James A. Lyle  
Sub-Register of  
of Coroner Board of Health

Accident or Suicide

No



Name  
in  
Full

Addie Maher

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Aug.	Day 31	Years 26	Months 5	Days
Sex Female	Color or Race White	Birth-place Hardey Grace			
Occupation House wife	Where Residing if not at place of death Philadelphia Pa				
Married, Single or Widowed Married	Name of Husband William H. Maher	Father's Birthplace Raiford Co.			
Father's Name Hycurge Keen	Mother's Birthplace Unknown				
Mother's Maiden Name Unknown	Name of person giving information M. H. Maher	How related to deceased Husband			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis

How long don't know

Immediate Heart complication

How long short time

Are the name, age, sex, color, date and place correctly given above?

Yes

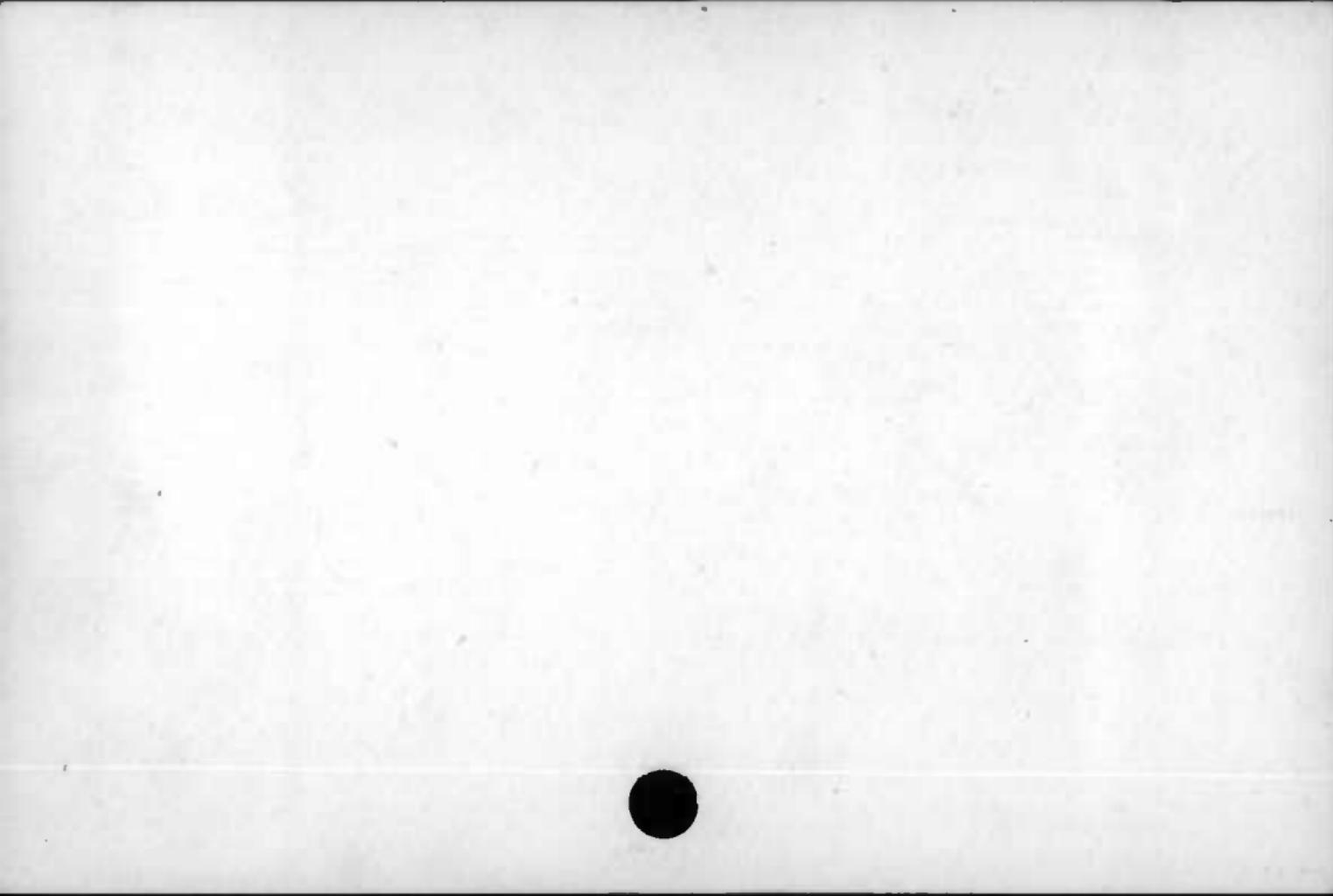
Signature of Physician

R H Smith

Address

Patient died while  
on a visit to have  
Accident or Suicide? Hardey Grace

Her home was Philadelphia



Name  
in  
Full

Annie Maska

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Harve de Grace	County	Carfords	MARYLAND
Date of death	Month	1908 Aug.	Day	15	Years
Sex	Age	Female	Color or Race	White	Months .12 Days
Occupation	Where Residing if not at place of death			Baltimore	Baltimore
Married, Single or Widowed	Name of Wife or Husband		none	single	
Father's Name	Levva Maska			Russia	Russia
Mother's Maiden Name	Mary Kick			Mother's Birthplace	Russia
Name of person giving information	Levva Maska			How related to deceased	Father.

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

Immediate

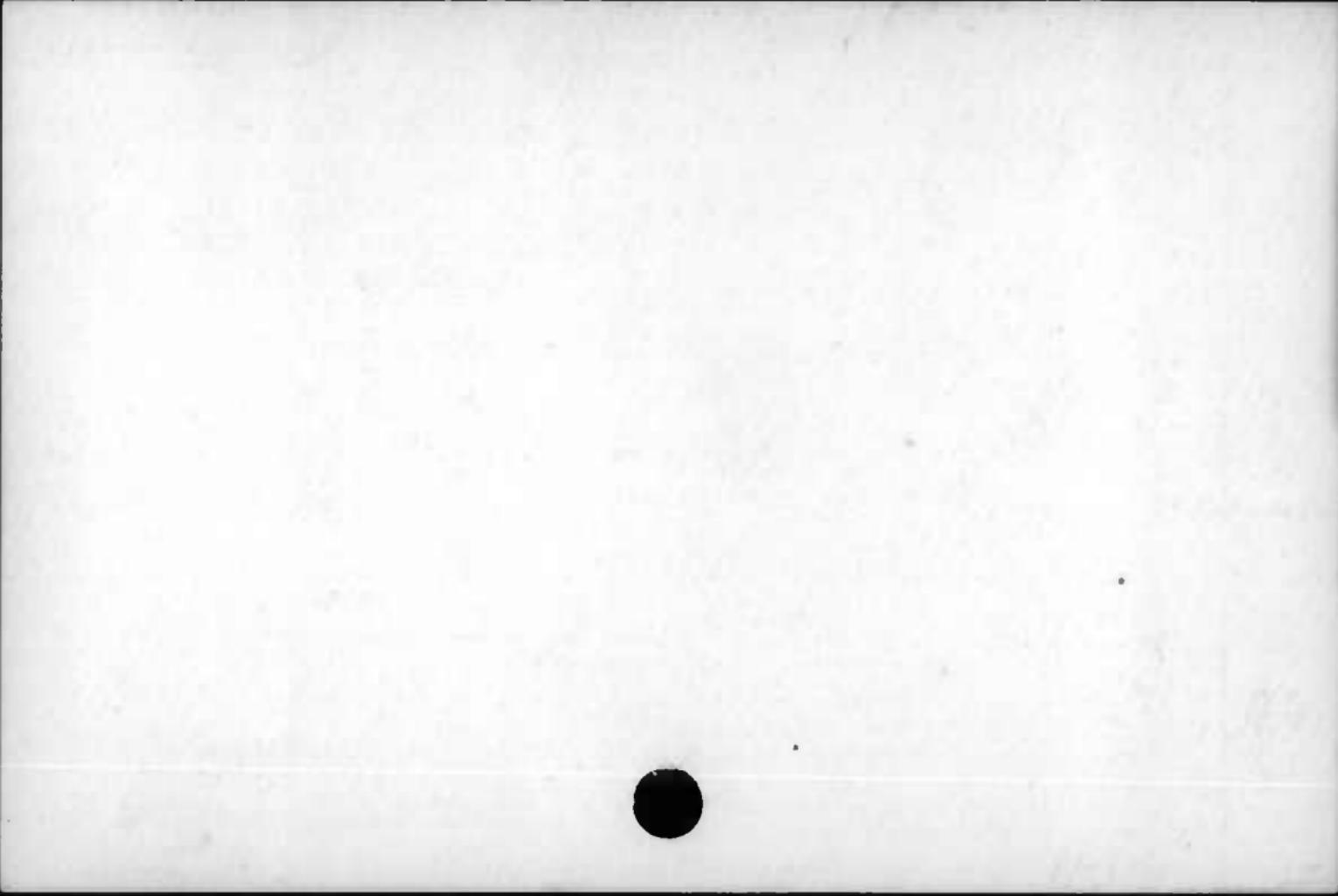
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Howard  
Hobart Street, Md.

Accident or Suicide?



Name  
in  
Full

George Presbery

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	E lizabeth Presbery.	Mother's Birthplace	J arf ord, b.
Name of person giving information	Elizabeth Presbery.	How related to deceased	Mother.

CAUSES OF DEATH

1

How long

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

Immediate

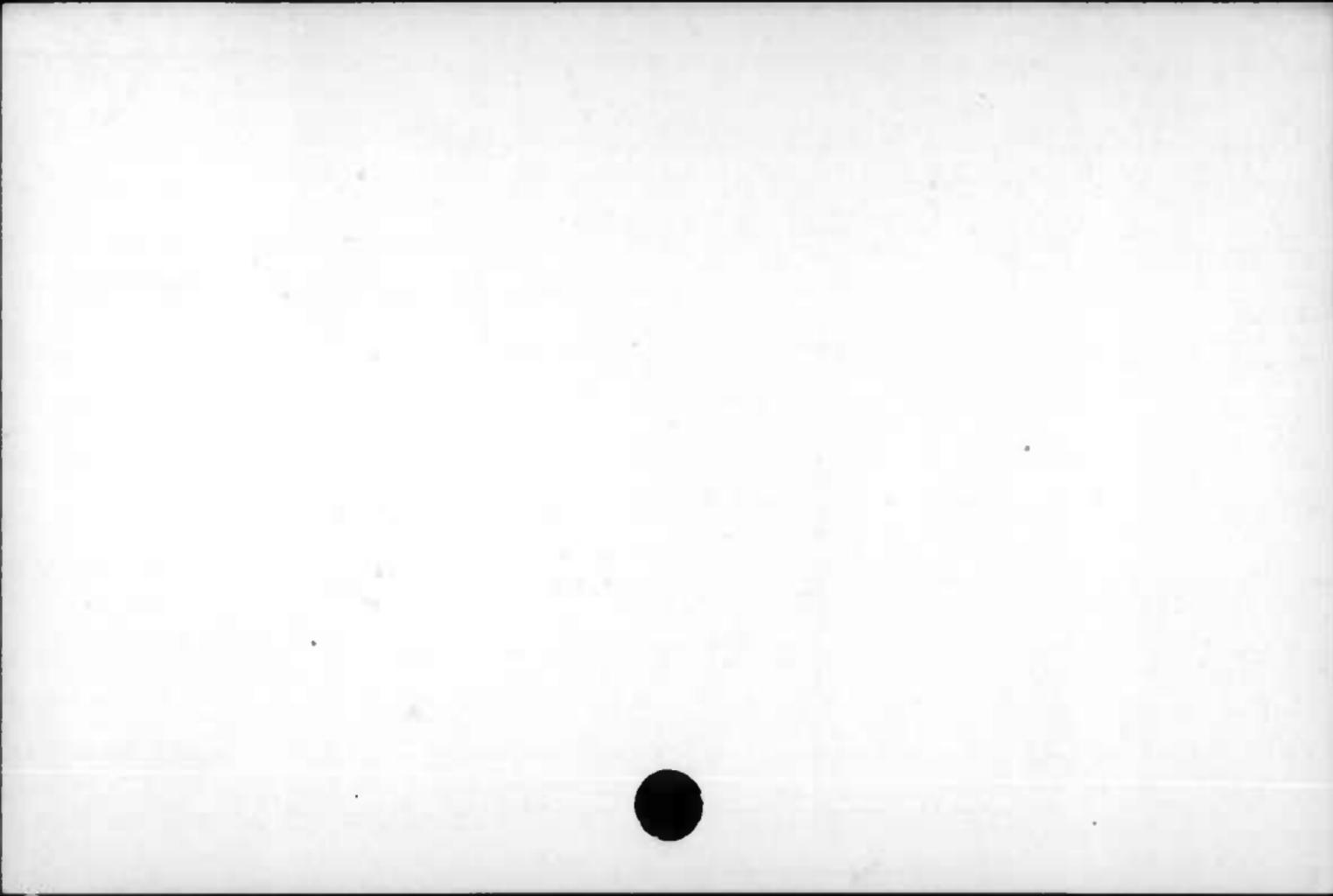
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. T. Harris,  
Darlington, Md.

Accident or Suicide?



Name  
in  
Full

Martha Katherine Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			Birth-place
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	Maryland
Mother's Maiden Name	Eliza Jane Culver	Mother's Name	Mother's Birthplace	" "
Name of person giving Information	Mr. W. A. Morrison	How related to deceased	Sister	

CAUSES OF DEATH

14

Primary

dysentery

How long

5 days

Immediate

—  
jce

Signature of Physician

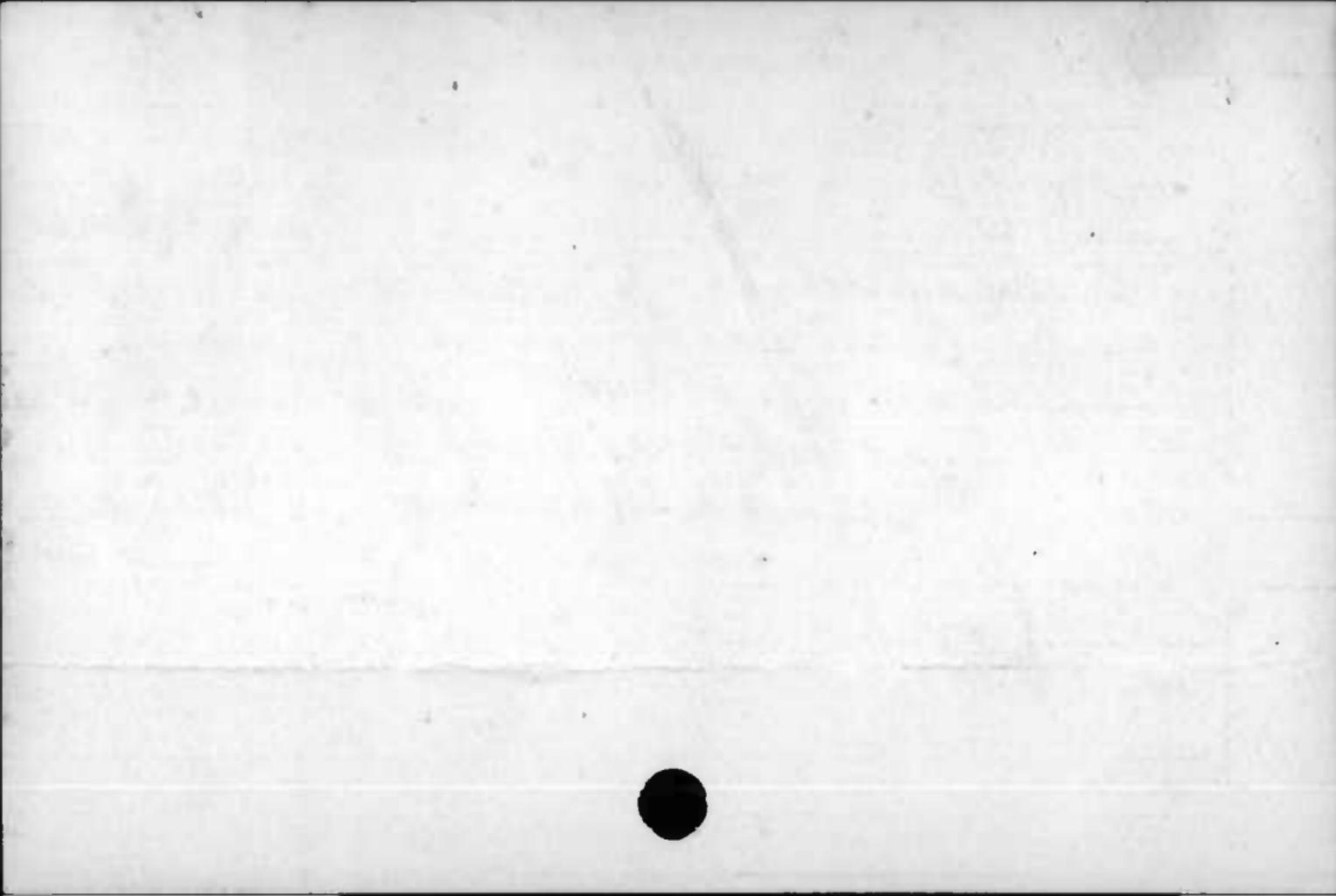
Address

R. H. Smith  
Kane de Israel  
Md

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name  
in  
Full

Joseph M Rollins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Edgewood		County	Harford		
Date of death 190	Month Aug	Day 21	Age	58	Months 8	Days —
Sex Male	Color or Race white		Occupation	Birthplace Back River		
Married, Single or Widowed Married			Telegraphy Operator			
Name of Wife or Husband Marian Rollins						
Father's Name John Rollins			Father's Birthplace Balto. Co.,			
Mother's Maiden Name Rachel Neiger			Mother's Birthplace Balto. Co.,			
Name of person giving Information Marian Rollins			How related to deceased Wife			

CAUSES OF DEATH

104

Primary

Rheumatism

How long

40 years.

Immediate

Attack of stroke

How long

6 minutes

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

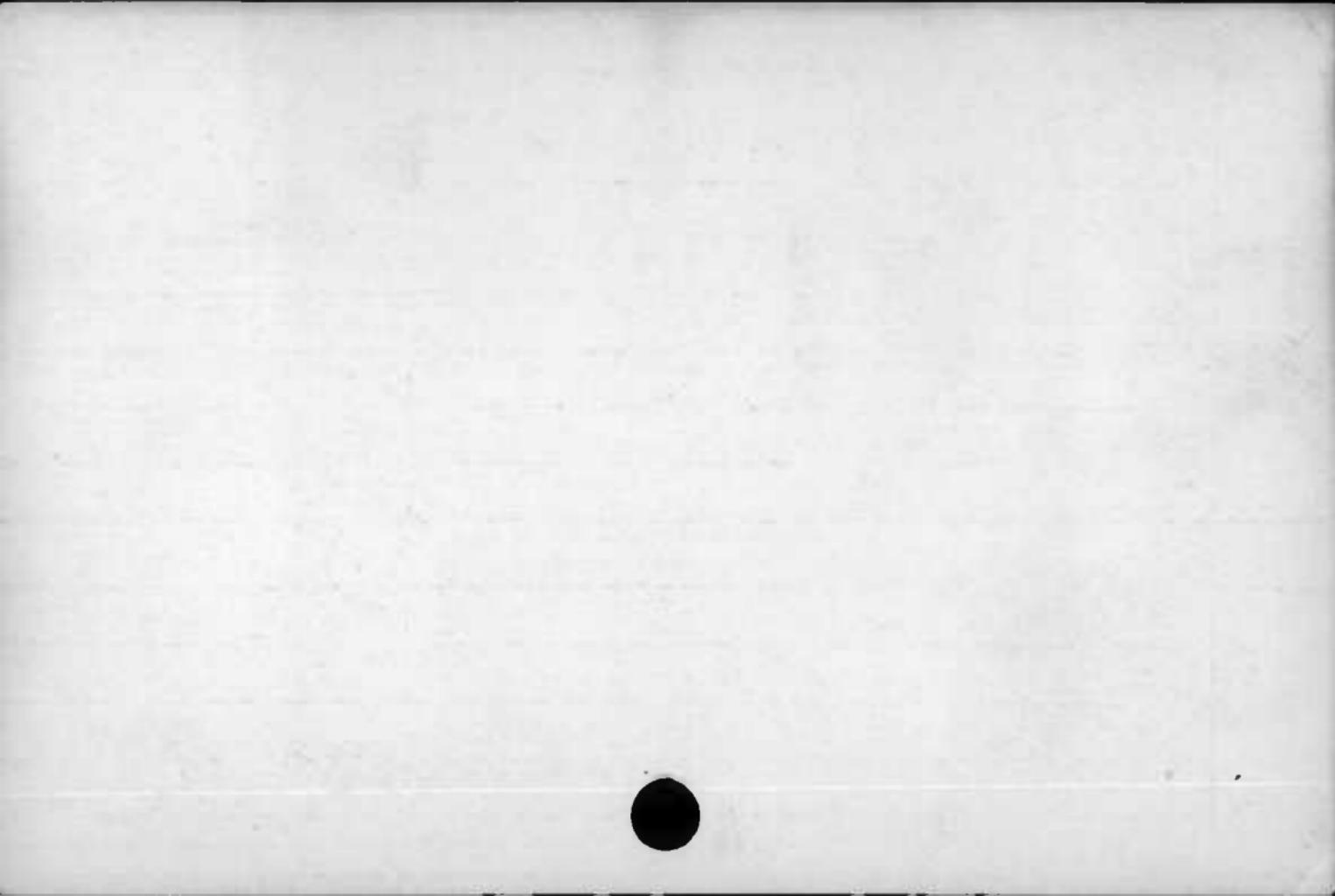
Address

Clark Roth

Edgewood

MD

Accident or Suicide?



Name  
in  
Full

Mildred J. Langable

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Occupation
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name					
Name of person giving information	How related to deceased				

1908 8- 24 \_\_\_\_\_ 3 \_\_\_\_\_

Male White Cassius \_\_\_\_\_

\_\_\_\_\_ Where Residing if not at place of death

— Name of Wife or Husband

Jacub Langable Calvary, \_\_\_\_\_

Emma Baker, Cassius Run \_\_\_\_\_

Jacub Langable Hartier, \_\_\_\_\_

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Marasmus  
Exhaustion

How long

3 mo

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Kennedy  
Aberdeen, Pa.

Accident or Suicide?

Smith Chapel

Name  
in  
Full

Robt. H. Scarbos

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
1908	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widower	Name of Wife or Husband				
Father's Name	Hamilton Scarbos		Father's Birthplace	Staford Co.	
Mother's Maiden Name	Katherine Fue		Mother's Birthplace	.. ..	
Name of person giving information	.. ..		How related to deceased	Mother	

CAUSES OF DEATH

179

How long

6 mos.

How long

PHYSICIAN  
OR CORONER

Primary

Marcasmus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

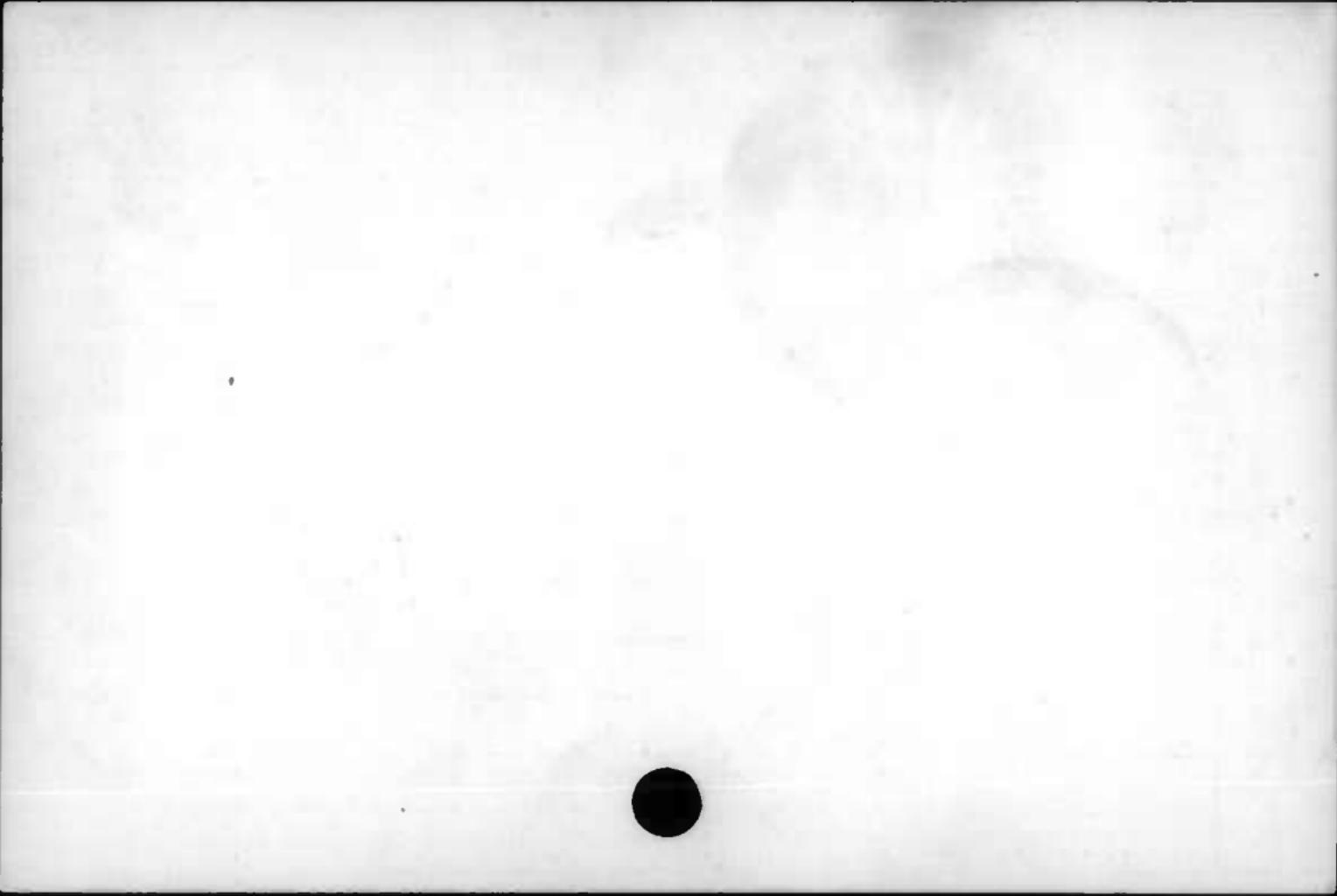
Signature of Physician

Address

F. Lee Stoughes  
Bel Air

Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Ind.
Father's Name	Ernest H. Smith	Mother's Birthplace	Ind.
Mother's Maiden Name	Ella M. Heck	Name of person giving information	How related to deceased
Ernest H. Smith	Father		

## CAUSES OF DEATH

105

How long

7 weeks

How long

7 ..

PHYSICIAN  
OR CORONER

Primary

Gastro Enteritis

Immediate

Inanition

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Purnell & Sapperton  
Bel Air.

Accident or Suicide?

Rock Spring

Name  
in  
Full

Jessie Snouder

CERTIFICATE OF DEATH

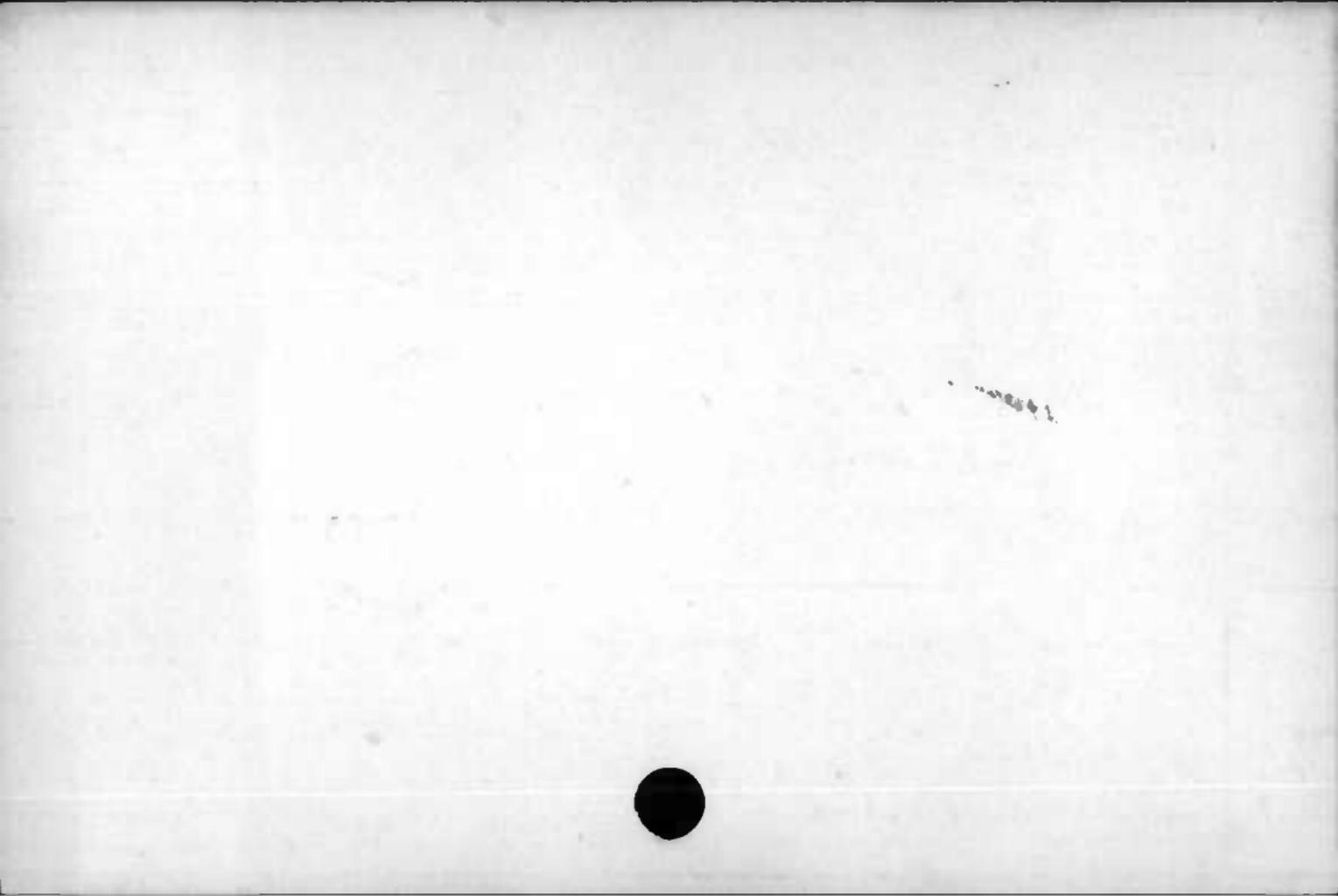
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
Primary	27		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Address		
Accident or Suicide?			

Charles W. Barnes  
Street Rd. Md.

Accident or Suicide?



Name  
in  
Full

Ellen Stansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Speyler Island	
Married, Single or Widowed	Name of Wife or Husband	Bouldby Hill			
Father's Name	Charles H. Stansbury			Father's Birthplace	Mile Square
Mother's Maiden Name	Mary Crisly			Mother's Birthplace	Speaker Island
Name of person giving information	Charles H. Stansbury			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Cholera Infection

How long

1 mo

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Lemay  
Absolene

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Howard C. Stewart

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
CAUSES OF DEATH					
Primary	Malaria				
Immediate	Rheumatic				
Are the name, age, sex, color, date and place correctly given above?					
Signature of Physician					
Address					

105-

How long

2 yrs

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Clock & Chat.

Name  
in  
Full

Mildred A Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Havre de Grace		County Harford		MARYLAND		
Date of death 1908 Aug	Month 3	Day 3	Years -	Months 6	Days 4	
Sex Female	Color or Race White -	Birth-place Havre de Grace				
Occupation -	Where Residing if not at place of death Same					
Married, Single or Widowed Single	Name of Wife or Husband -					
Father's Name Wm Scott						Father's Birthplace Cecil Co
Mother's Maiden Name May Stone						Mother's Birthplace Havre de Grace
Name of person giving information Grandmother - (Stone)						How related to deceased Grandmother

CAUSES OF DEATH

105

How long all life

How long 1 week

Primary Malaria

Immediate Cholera infantum

Are the name, age, sex, color, date and place correctly given above?

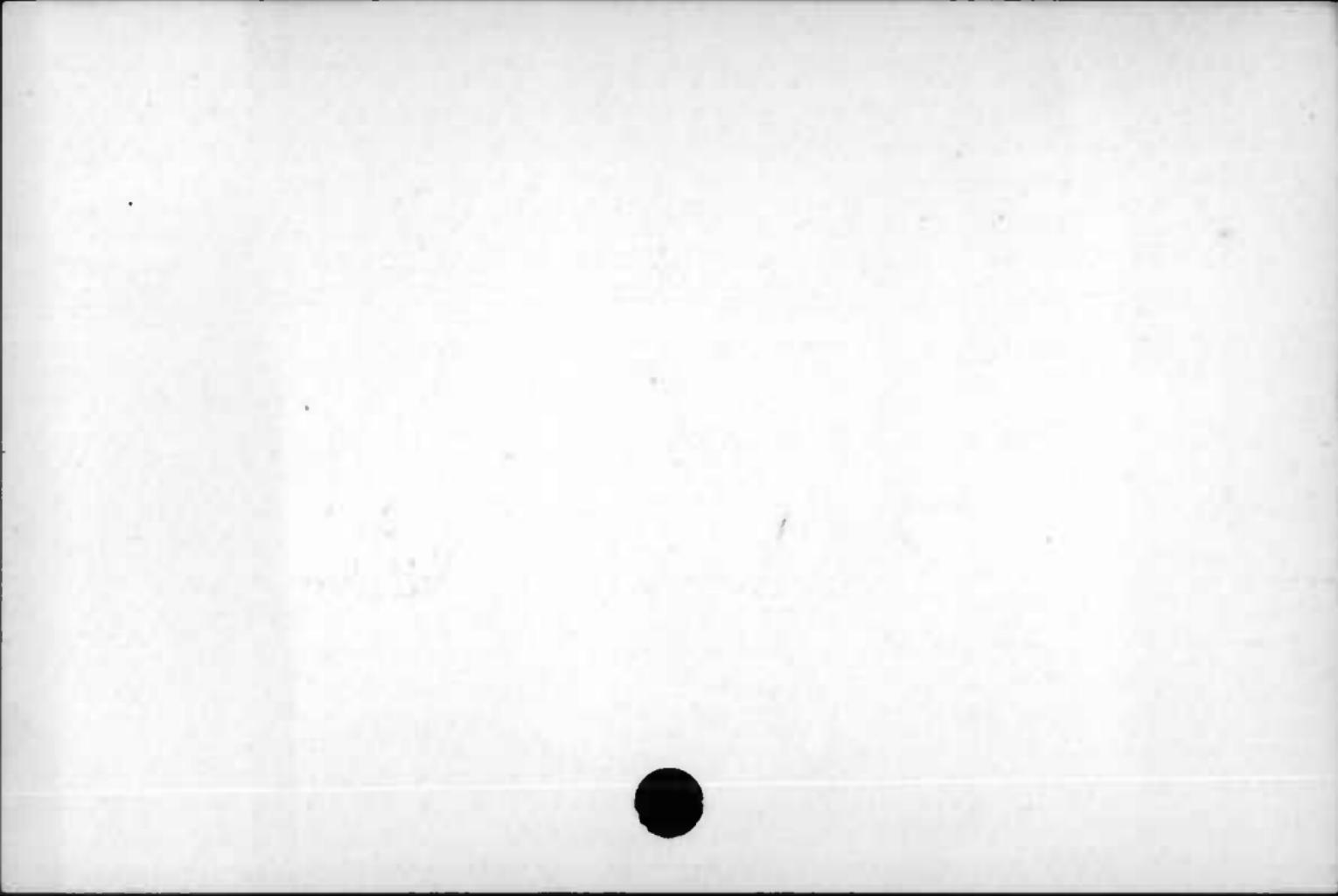
Yes

Signature of Physician J. L. Hopkins

Address

Havre de Grace  
Md

Accident or Suicide?



Name  
In  
Full

Bessie Elizabeth Tholman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Aug	Day 21	Age	Years	Months
Sex Female	Color or Race	white	Birth-place	Rising Sun	Days

Occupation — Where Residing if not at place of death  
Haverde Grace

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Fredrick B Tholman Father's Birthplace Haverde Grace

Mother's Maiden Name Dora V Moffet Mother's Birthplace Haverde Grace

Name of person giving Information Dora Tholman How related to deceased

CAUSES OF DEATH

105

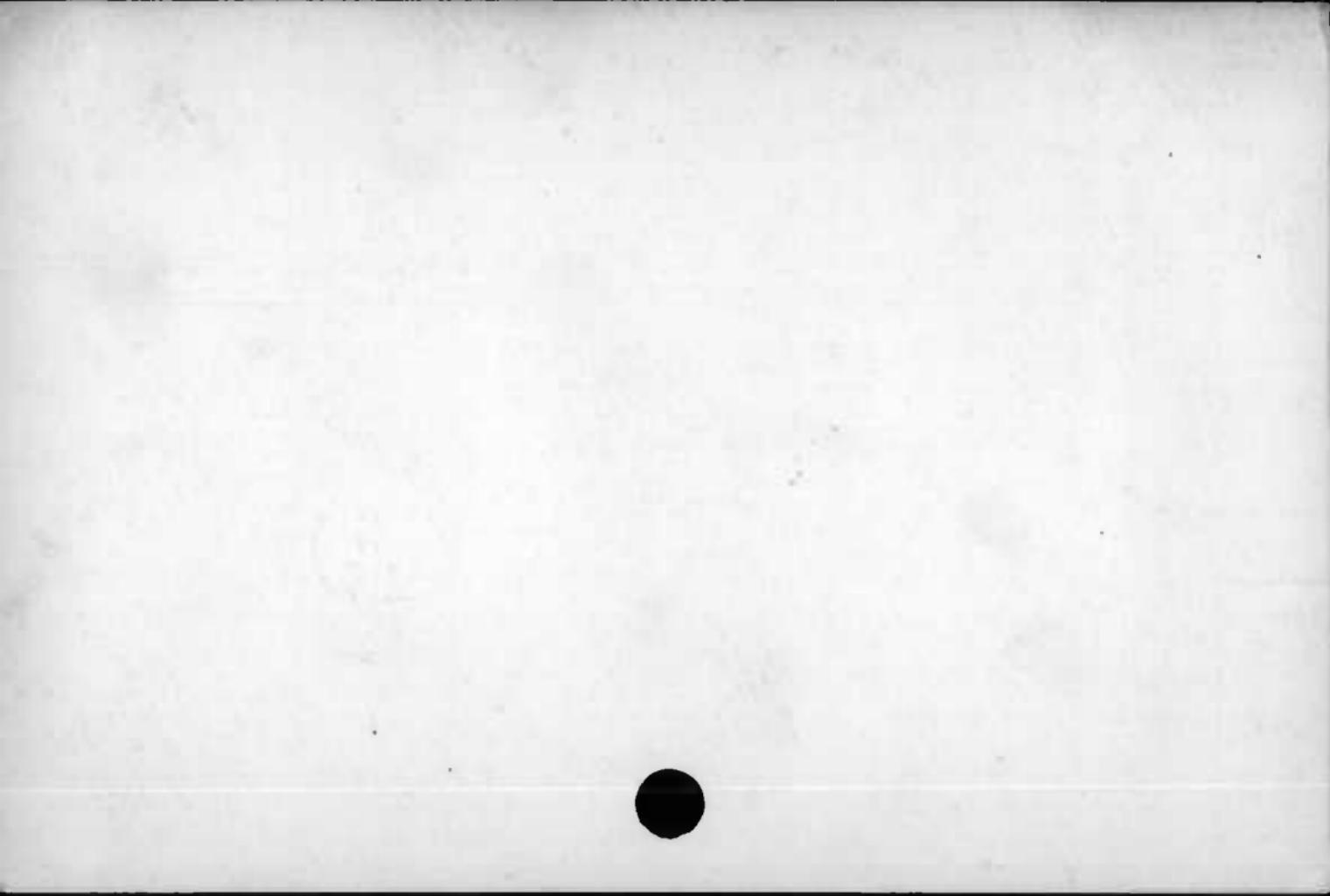
Primary Summery Disease How long 3 weeks

Immediate Convulsions How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Signature of Physician F.W. Steiner M.D.

Address Haverde Grace

Accident or Suicide?



Name  
in  
Full

John Aaron Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Aberdeen</u> Town		County <u>Hanford</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug.</u>	Day <u>28</u>	Years <u>—</u>	Months <u>7</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Wilmington Del.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Wilmington Del.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Joseph E. Wallace</u>	Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Harriet Littles</u>	Mother's Birthplace <u>Penn.</u>				
Name of person giving Information <u>Emily Simpson</u>	How related to deceased <u>Aunt.</u>				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Gastro-Enteritis

How long

3 weeks.

Immediate

Exhaustion

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

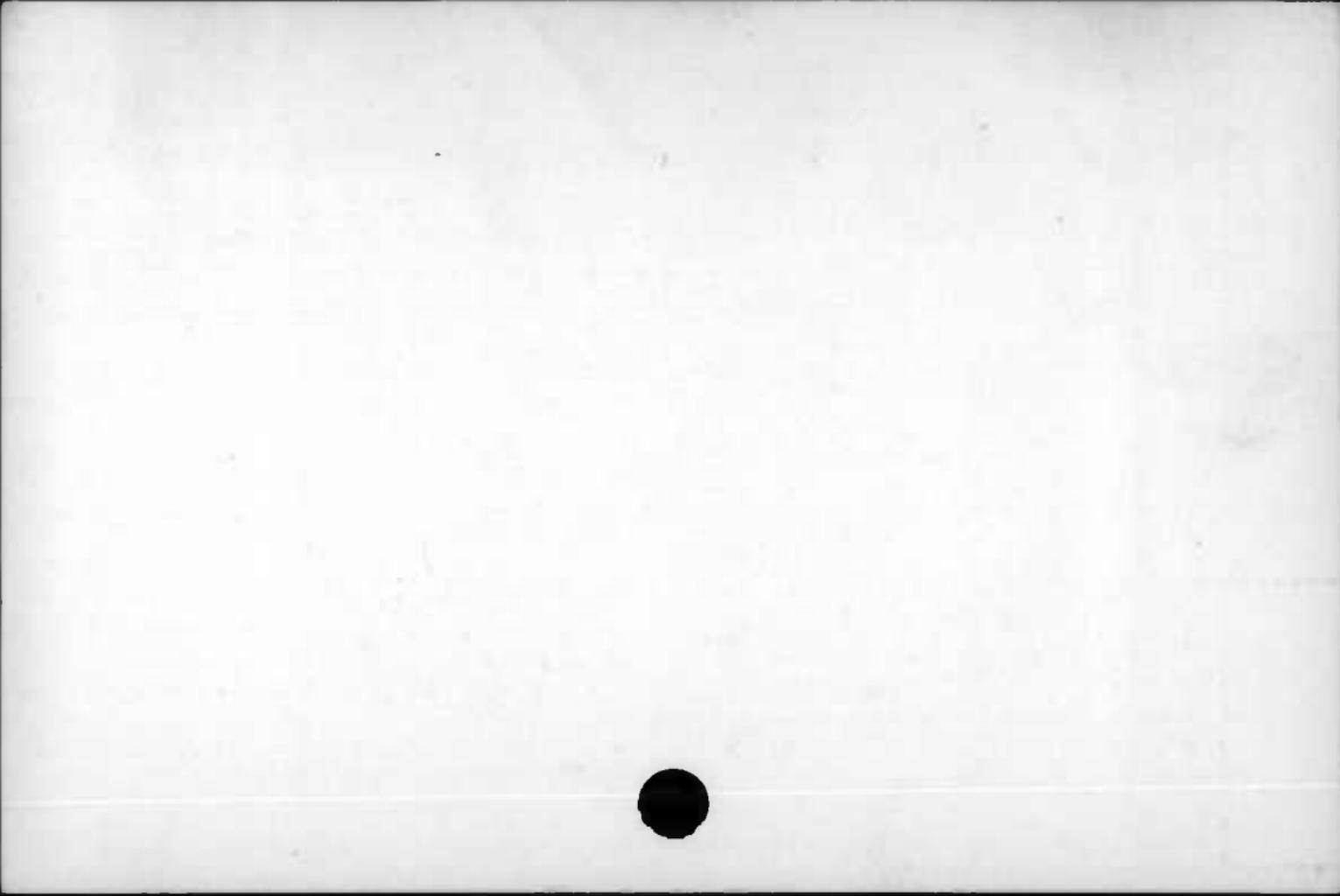
yes

Signature of Physician

Address

Joseph Wallace  
Aberdeen, Md.

Accident or Suicide?



Name  
in  
Full

Harry L. Walter

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Forest Hill	
Married, Separated or Widowed	Name of Wife or Husband	Hattie E. Walter			Father's Birthplace
Father's Name	Lewis L. Walter			Md.	
Mother's Maiden Name	Anna H. Grimes			Mother's Birthplace	
Name of person giving information	Z. L. Walter			How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Month Year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

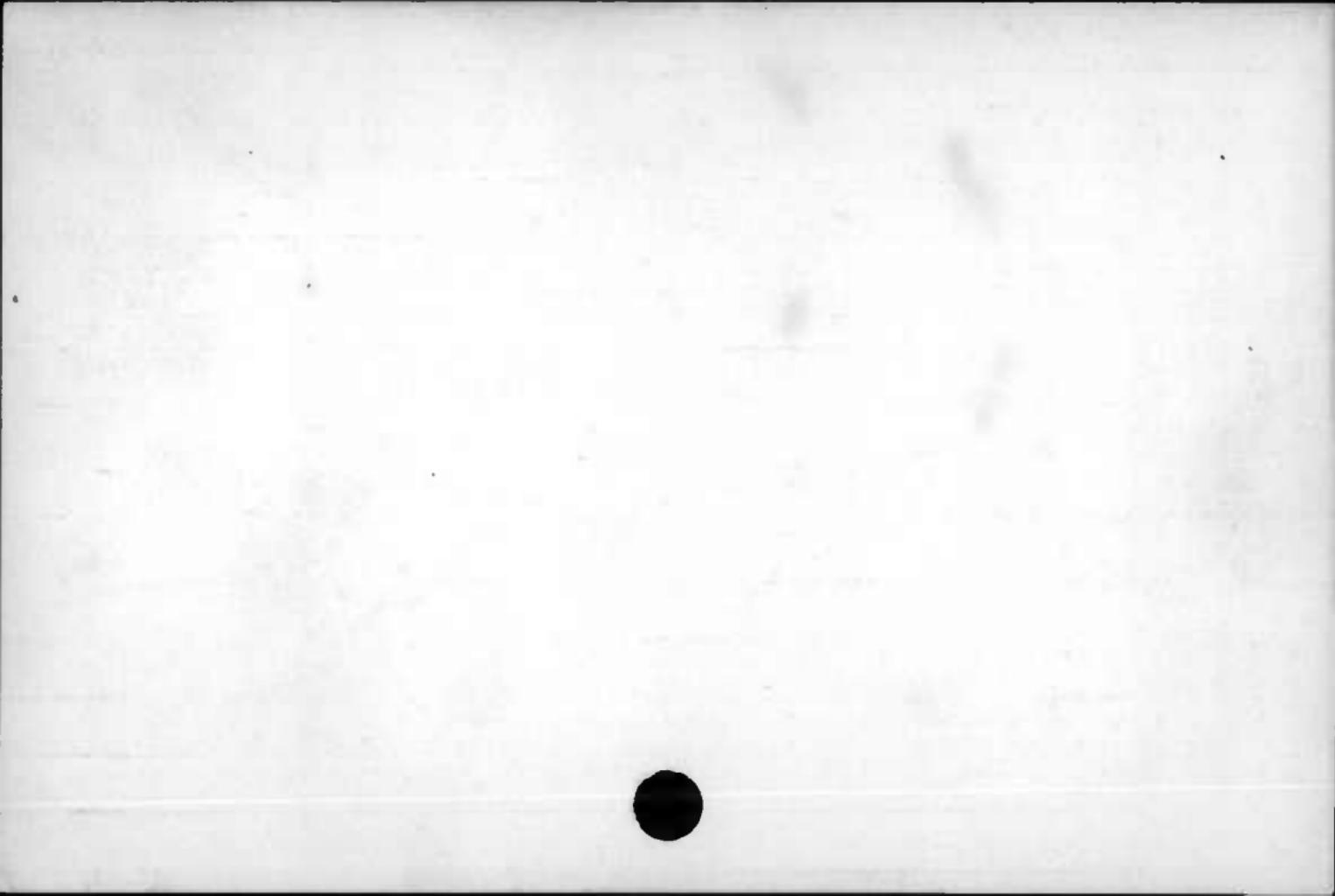
Signature of Physician

Address

William J. Archer

Baltimore Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

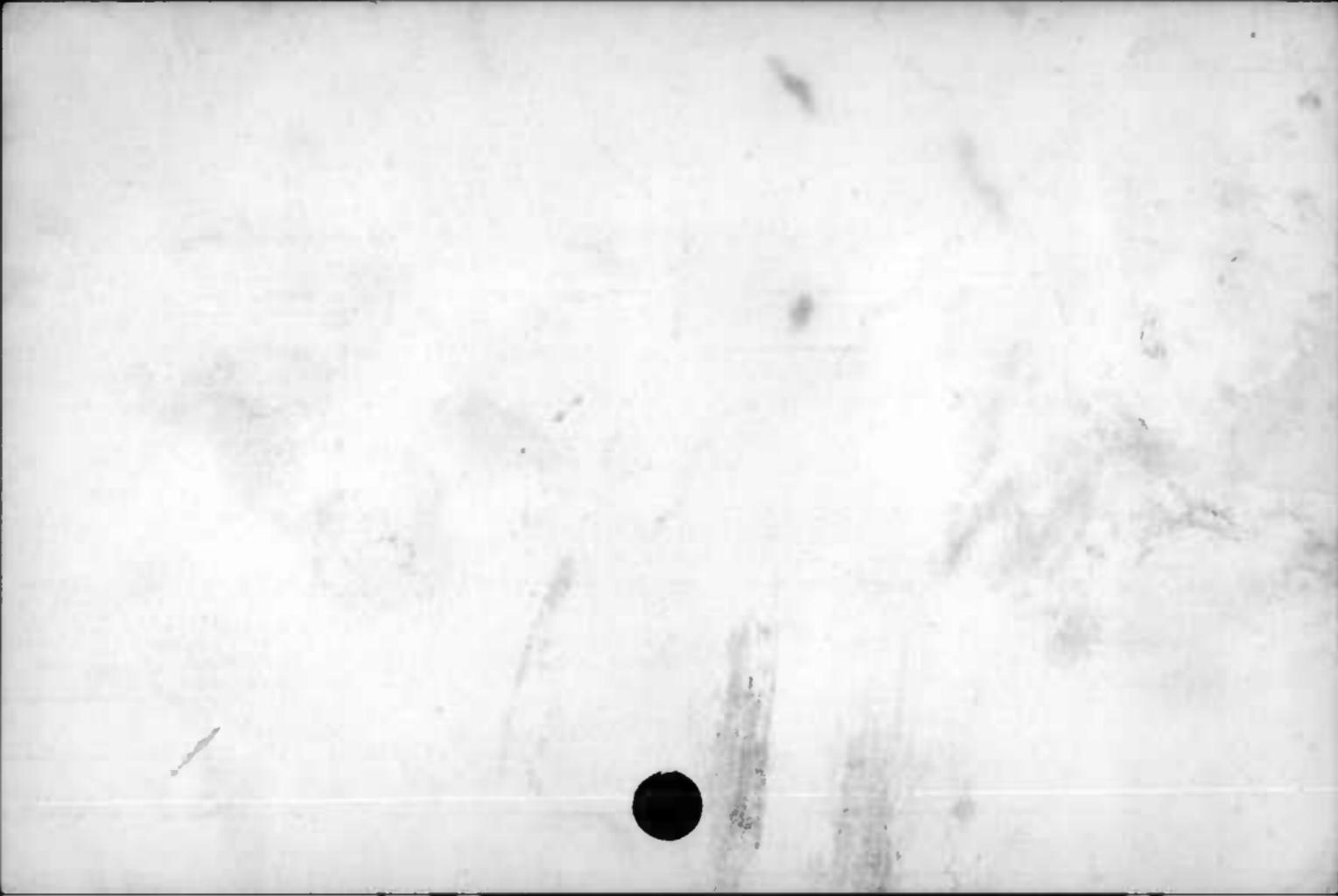
Elva May Elbard

Died at	Town		County		MARYLAND	
Date of death	1908	Month 8	Day 26	Years	Months 8	Days 14
Sex	Female	Color or Race	Light	Birth-place	Emporia Md	
Occupation	Infant		Where Residing if not at place of death			
Married, Single or Widowed	Infant	Name of Wife or Husband				
Father's Name	John Warner		Father's Birthplace	Md		
Mother's Maiden Name	Carrie Ward		Mother's Birthplace	Md		
Name of person giving Information	Carrie Ward		How related to deceased	Mother		

## CAUSES OF DEATH

105

Primary	Cholera Infantum		How long	3 weeks
Immediate	Exhaustion		How long	7
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jas Woodward	
		Address	Hans-de-Grae. Md	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Oscarine M. Whitaker

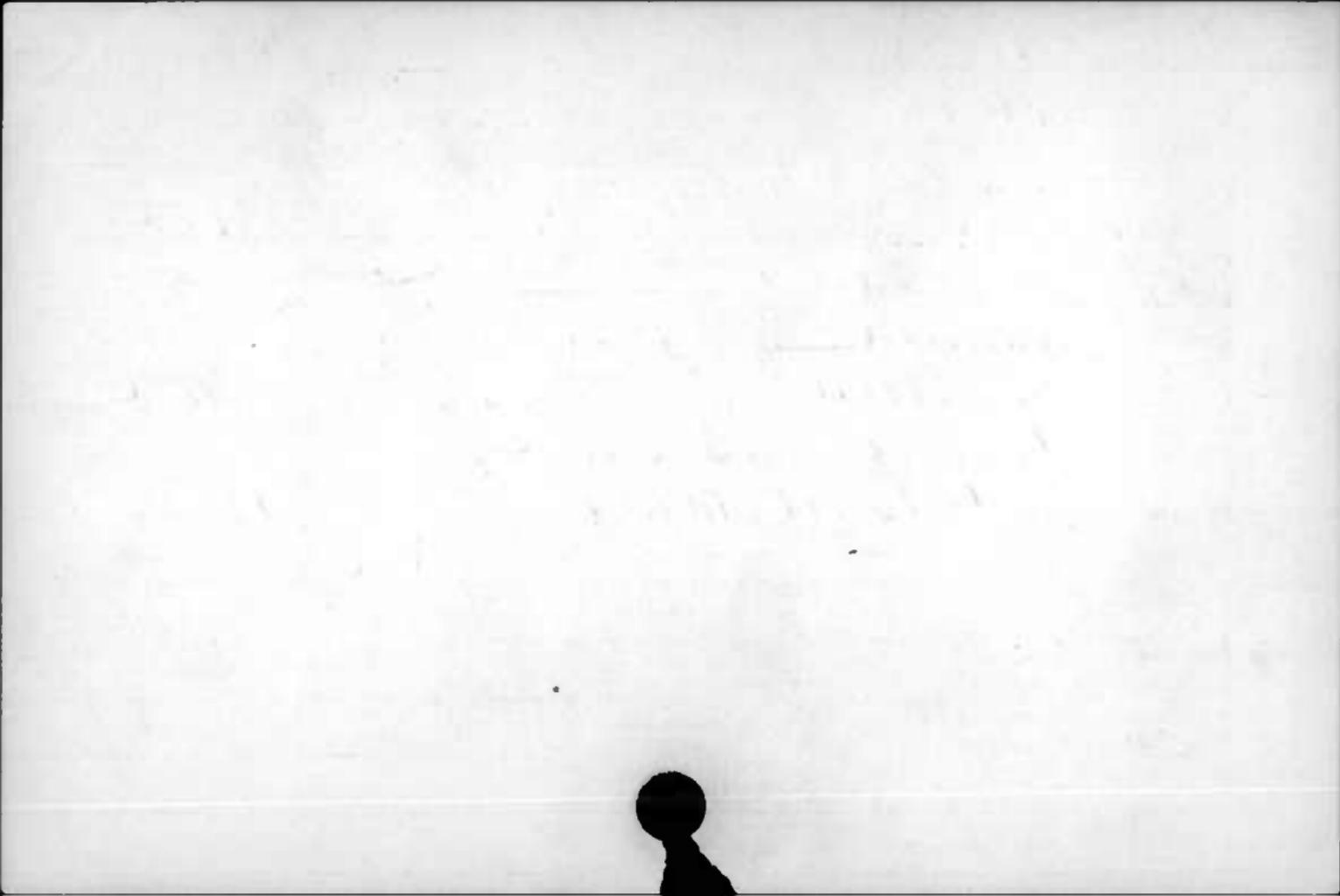
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Josephine Whitaker			
Father's Name	Joshua Whitaker				
Mother's Maiden Name	Annella Price				
Name of person giving information	A B Whitaker				

CAUSES OF DEATH

Primary	Chronic Nephritis	120
Immediate		How long One year
Are the name, age, sex, color, date and place correctly given above?		How long

Are the name, age, sex, color, date and place correctly given above? <i>Yes - filed 1903</i>	Signature of Physician William S. Archer	Address Bel Air Md
Accident or Suicide?		



Name  
in  
Full

Wm H Wright -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm H Wright		Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Jane Sampson		Mother's Birthplace	.. ..	
Name of person giving information	Mary H Wright		How related to deceased	wife	
CAUSES OF DEATH			64		

PHYSICIAN  
OR CORONER

Primary

Cerebral hemorrhage

How long

1 hour

Immediate

Apoplexy

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. L. Hopkins

Address

Havre de Grace

MD

Accident or Suicide?

